



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Daisuke MORIWAKI, et al.
Title: GEOMETRICALLY CORRECTING METHOD AND SYSTEM FOR
IMAGE DISTORTION WITH THE AID OF AN AUXILIARY LINE
Appl. No.: Unassigned
Filing Date: April 15, 2004
Examiner: Unassigned
Art Unit: Unassigned

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

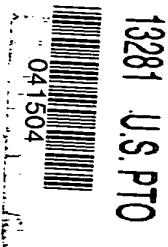
Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Daisuke MORIWAKI
Yoshiharu KOMATSU

Enclosed are:

- [X] Application Data Sheet (37 CFR 1.76) (3 pages).
- [X] Specification, Claim(s), and Abstract (19 pages).
- [X] Formal drawings (8 sheets, Figures 1-8).
- [X] Declaration and Power of Attorney (4 pages).
- [X] Assignment of the invention to NEC Viewtechnology, Ltd. (2 pages).
- [X] Assignment Recordation Cover Sheet.



- ☒ Claim for Convention Priority and Priority Document.
- ☒ Information Disclosure Statement (3 pages).
- ☒ Form PTO/SB/08 with copies of 2 of 4 listed references.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	15	-	20	= 0	x		\$18.00	=	\$0.00
Claims:									
Independents	2	-	3	= 0	x		\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
							SUBTOTAL:	=	\$770.00
[]							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$770.00
Assignment Recordation Fee:					+		\$40.00	=	\$40.00
TOTAL FEE								=	\$810.00

- ☒ A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: April 15, 2004

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